STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155196	A. BUILDING 00 B. WING	04/02/2012

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ALTENHEIM HEALTH & LIVING COMMUNITY	3525 E HANNA AVE INDIANAPOLIS, IN 46237

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F0000	This visit was for a Recertification and State Licensure Survey. This visit included the Investigation of Complaint IN00105408. Complaint IN00105408 substantiated, Federal/State Deficiencies related to the allegations are cited at F323. Survey dates: March 26, 27, 28, 29, 30, and April 2, 2011 Facility number: 000103 Provider number: 155196 AIM number: 100290000 Survey Team: Beth Walsh, RN, TC Courtney Mujic, RN Karina Gates, MS Barbara Hughes, RN Lora Brettnacher, RN Census bed type: SNF/NF: 71 Residential: 59 Total: 130 Census payor type: Medicare: 19 Medicaid: 31 Other: 80	F0000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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	Total: 130 These deficiencies also reflect state findings cited in accordance with 410 IAC 16.2. Quality review completed 4/8/12 Cathy Emswiller RN			

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F0156 SS=A	483.10(b)(5) - (10), 483.10(b)(1) NOTICE OF RIGHTS, RULES, SERVICES, CHARGES The facility must inform the resident both orally and in writing in a language that the resident understands of his or her rights and all rules and regulations governing resident conduct and responsibilities during the stay in the facility. The facility must also provide the resident with the notice (if any) of the State developed under §1919(e)(6) of the Act. Such notification must be made prior to or upon admission and during the resident's stay. Receipt of such information, and any amendments to it, must be acknowledged in writing. The facility must inform each resident who is entitled to Medicaid benefits, in writing, at the time of admission to the nursing facility or, when the resident becomes eligible for Medicaid of the items and services that are included in nursing facility services under the State plan and for which the resident may not be charged; those other items and services that the facility offers and for which the resident may be charged, and the amount of charges for those services; and inform each resident when changes are made to the items and services specified in paragraphs (5)(i)(A) and (B) of this section. The facility must inform each resident before, or at the time of admission, and periodically during the resident's stay, of services available in the facility and of charges for those services, including any charges for services not covered under Medicare or by the facility's per diem rate. The facility must furnish a written description of legal rights which includes:			

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	A description of the manner of protecting personal funds, under paragraph (c) of this section; A description of the requirements and procedures for establishing eligibility for Medicaid, including the right to request an assessment under section 1924(c) which determines the extent of a couple's non-exempt resources at the time of institutionalization and attributes to the community spouse an equitable share of resources which cannot be considered available for payment toward the cost of the institutionalized spouse's medical care in his or her process of spending down to Medicaid eligibility levels. A posting of names, addresses, and telephone numbers of all pertinent State client advocacy groups such as the State survey and certification agency, the State licensure office, the State ombudsman program, the protection and advocacy network, and the Medicaid fraud control unit; and a statement that the resident may file a complaint with the State survey and certification agency concerning resident abuse, neglect, and misappropriation of resident property in the facility, and non-compliance with the advance directives requirements. The facility must comply with the requirements specified in subpart I of part 489 of this chapter related to maintaining written policies and procedures regarding advance directives. These requirements include provisions to inform and provide written information to all adult residents concerning the right to accept or refuse medical or surgical treatment and, at the			

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	individual's option, formulate an advance directive. This includes a written description of the facility's policies to implement advance directives and applicable State law. The facility must inform each resident of the name, specialty, and way of contacting the physician responsible for his or her care. The facility must prominently display in the facility written information, and provide to residents and applicants for admission oral and written information about how to apply for and use Medicare and Medicaid benefits, and how to receive refunds for previous payments covered by such benefits.			
	Based on interview and record review, the facility failed to ensure a Medicare beneficiary resident was given a liability and appeals notice and notified of the potential liability amount for her non-covered stay in the facility. This affected 1 of 3 Medicare beneficiaries discharged in the past 6 months who were reviewed for appropriate liability and appeal notices. (Resident #33) Findings include: During review of Medicare beneficiary liability and appeals notices on 3/30/12 at 10:15 a.m., Resident #33's notice could not be found. During interview with the Business Manager on 3/30/12 at 10:30 a.m., she indicated Resident #33's last day of	F0156	**This plan of correction is to serve as Altenheim Health and Living Community's credible allegation of compliance. Submission of this plan of correction does not constitute an admission by Altenheim Health and Living Community or its management company that the allegations contained in the survey report are a true and accurate portrayal of the provision of nursing services in this facility. Nor does this submission constitute an agreement or admission of the survey allegations.** **F156- 483.10 (b) (5) – (10), 483.10 (b) (1) NOTICE OF RIGHTS, RULES, SERVICES, CHARGES** **I. Resident # 33 is currently private pay.** **II. All residents and/or legal representative discharging from Medicare will**	04/29/2012

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	Medicare coverage was 1/30/12 and went private pay on 1/31/12. She indicated Resident #33 did not receive a liability and appeals notice nor was she notified at that time of the specific liability amount for non-covered stay. 3.1-4(f)(3)		**be informed in writing timely by the Business Office Manager regarding a Notice of Non-Coverage, potential liability, and appeals rights according to regulations.** **III. The systemic change will include that the Business Office Manager will maintain a log of Medicare A residents indicating the resident's name, last covered day, and date of the Notice for Medicare Provider of Non-Coverage letter. Residents that are approaching their last covered day for Medicare are discussed at the daily department head meeting (Monday through Friday) to monitor for timely issuance of a Medicare Denial letter. Education was provided to the Business Office Manager and members of the Department Head meeting regarding the systemic change.** **IV. The Administrator or her designee will audit for the Business Office Manager providing the Notice to the Resident/Legal Representative in a timely manner. Weekly audits will be conducted for 3 months and monthly thereafter to ensure the Liability Notices and Beneficiary Appeal Rights are reviewed and followed accordingly. The Administrator or her designee**	

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			will provide results of all audits and they will be reviewed and discussed at the monthly Quality Assurance Committee Meeting and duration of the results will be adjusted as needed. **Completion date: April 29, 2012**	

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F0248 SS=E	483.15(f)(1) ACTIVITIES MEET INTERESTS/NEEDS OF EACH RES The facility must provide for an ongoing program of activities designed to meet, in accordance with the comprehensive assessment, the interests and the physical, mental, and psychosocial well-being of each resident. Based on observation, interview, and record review, the facility failed to provide activities designed to meet the assessed needs for 5 of 6 residents reviewed for activities (Resident 129, 29, 37, 6, and 26). Findings include: 1. Resident #26's clinical record was reviewed on 3/28/2012 at 9:30 A.M. Resident #26 was admitted on 5/18/10 and had current diagnoses which included but not limited to a history of dementia, high blood presser, hypothyroidism, osteoarthritis, and osteoporosis. A minimum data assessment (MDS) dated 3/9/12, indicated Resident #26 was alert but not oriented to time or place and she was totally dependant on staff for locomotion on and off the unit. A physician's activity order dated 5/20/2010 and on the current March 2012 rewrite orders indicated Resident #26	F0248	**F248-483.15 (f) (1)** **ACTIVITIES MEET INTERESTS/NEEDS OF EACH RES** **I. Residents #29, #37, & #26, (residents, # 129 & # 6 are no longer in the facility) activity care plans have been reviewed. They are receiving appropriate leisure activities of interest to include sensory stimulation. Care plans for these residents have been updated accordingly.** **II. The facility has reviewed all activity programs for residents who have been determined as requiring assistance to get to activities and/or requiring one on one visits. In addition, all residents will have their activity plan of care reviewed by the Activity Director.** **Resident-Centered and specialized programs have been implemented and the care plans have been updated for the residents.** **III. The systemic change will be that all residents who require assistance to get to activities and/or requiring one on one will receive programming/assistance a**	04/29/2012

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	could be up as tolerated. A current March 2012 care plan indicated Resident #26 would self direct at least 1 independent activity daily to maintain her independence and would participate in at least 2 activity groups each week to her level of social interaction. A social service note dated 4/28/2011 indicated.... Care plan meeting today with Resident #26's daughter and staff... discussed health status, diet, weight, mood, medications and activity involvement. Resident #26 feels comfortable with her daily routine, environment, and staff. Resident # 26 attending some of the facility activities for example: pre and post meal activities. Likes to rest in her bed between meals. A social service note dated 6/10/2011 indicated.... care plan addressed Resident #26's impaired decision making and sad/pained affect. Resident #26 is alert. She has problems with short/long term memory. Staff must anticipate her needs.... or her needs would not be met. Family remains supportive and visit at least weekly. Resident #26 exhibited sad affect and showed little interest in participating in activities. She enjoyed going outside for wheelchair rides with family and 1:1 visits.		**minimum of 3 times per wk. Residents who are able to attend activities of choice will be encouraged and assisted to participate in leisure activities. The Interdisciplinary Team will review residents activity plan of care during the quarterly review with the POA, if applicable, and will make accommodations as needed to ensure needs of all residents are met regarding leisure interests and needs of each resident. All Activities Associates will be educated regarding the importance of leisure interests designed to meet their assessed needs, participation, and documentation for all residents.** **IV. Participation of the residents will be monitored utilizing the Activity Participation Log and the Activity 1:1 Log. The Administrator or designee will review the activity and participation log for 5 residents per unit weekly x 3 months, then 5 residents per unit every other week for 3 months, then 5 residents per unit monthly for the next 9 months. Any issues or concerns will be addressed timely. The Administrator or her designee will present the findings and reviews during the monthly Quality Assurance Committee meeting and frequency and duration of the reviews will be adjusted as needed.**	

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A care plan problem listed for Resident #26 originally dated 8/5/2011 and on the current March 2012 care plan indicated Resident #26 had a potential for low activity involvement due to a decline in her health care status. She currently had an interest in music, animals, hand massages, and family visits. Resident #26 was to be encouraged to participate in animal assisted visits, evaluated for her response to the plan of care, and update plan of care as needed. Goals listed included Resident #26 would participate in a 1:1 activity visit program twice each week to provide opportunities for socialization's. Interventions included: encourage Resident #26 to participate in animal assisted visits, offer hand massages, assess her activity interest and activity preferences.

Resident # 26 had a care plan problem originally dated 2/3/2011 and on a current March 2012 care plan which indicated Resident #26 continued to exhibit sad, pained, and worried facial expressions as evidenced by furrowed brows, tearfulness related to dementia, and depression. Goals listed included Resident #26 would exhibit signs of happiness as evidenced by her smiling, laughing and conversing pleasantly during meals, activities and activities of daily living assistance on a

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	daily basis. Approaches listed to reach this goal included: encourage Resident #26 to become involved with physical activities and social interactions, encourage her to verbalize feelings, concerns, fears, etc., identify relationships she could draw on for example with staff, children, table mates and friends on the unit, and observe for signs and symptoms of depression, tearfulness, withdrawal, loss of appetite and notify physician. A current care plan problem dated 3/18/2012 indicated Resident #26 lacked a sense of initiative/involvement as evidenced by her not showing interest in participating in her favorite activities or socializing with others related to dementia and sad mood. A goal listed for Resident #26 indicated she would have opportunities to socialize and feel a part of the community through interaction with others and participating in her preferred activities throughout the day. Interventions included allowing Resident # 26 to choose options for example: attending an activity in the morning or afternoon, assess health status factors that may inhibit social involvement, encourage her to attend small group activities such as: prayer and devotion on the a/b wing, movement therapy, and special meals, encourage her to verbalize her feelings and fears, encourage family			

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	to continue their regular visits, take her on wheelchair rides outside and accompany her to her favorite activities, engage her in pleasant conversation during ADLs (activities of daily living) assistance, meals, activities and 1:1 visits, report signs of isolation for example sad, dull affect, non-communicative, withdrawn, lack of eye contact, expressions of loneliness/rejection) to the doctor During observation on 2/26/2012 at 2:16 P.M.: Resident # 26 was in bed. There was no music or television on in the resident's room. During observations on 2/27/2012: At 10:23 A.M. Resident #26 was observed in bed (no television or music playing). At 1:20 P.M. she was observed sitting at the lunch table with her head down (no activity or music playing). At 2:12 P.M. and 3:30 P.M. she was observed in bed (no television or music playing). Observations on 3/28/2012: At 9:30 A.M.,10:06 A.M., and 11:00 A.M., Resident #26 was observed in bed (no television or music playing). At 11:50 A.M. she was observed up in a wheelchair in the dining room waiting for lunch and at 1:44 P.M. after lunch. No music or actives were being provided during these times. At 2:00 P.M. Resident #26 was			

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	observed in bed with no television or music playing. Observations on 3/29/2012: Resident # 26 was observed in bed without music or television at 9:40 A.M., 10:41 A.M., 11:15 A.M. and 3:00 P.M. Resident #26 was observed on 3/30/12 at 12:00 P.M. sitting at the dining room table with her head down no music playing, no one interacting with her, and no activity being provided. During an interview on 3/29/2012 at 3:54 P.M., The Activity Director indicated, Resident #26 was only on a one to one program twice a week for not more than twenty-five minutes at a time. Resident # 26 most often liked for them to sit by her bed and touch her hand. She liked gentle hand massages, manicures, sensory type puddy, and different texture balls that they tried to get her to squeeze. She liked scented candles and she liked the animals when they came but only the smaller animals. She did not participate in group activities because of her cognitive status. She enjoyed wheel chair rides especially outside. Resident #26's daughter told them Resident #26 enjoyed classical and big band type music and at times they brought this music to her room during 1:1 visits. It was not provided in her room at			

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	other times. Resident #26 enjoyed being out if her room in the sun room or the solarium. The Activity Director stated, "she might be more willing to attend a group activity that included music." The activity director stated, "In my opinion 30 minutes of one on one in room activities a week is enough. I have a consultant who goes by the state regulations." During an interview on 3/29/2012 at 3:54 P.M. the Activity Director was informed Resident #26 had not been observed at an activity for the past four days. Documentation was requested of all activities Resident #26 had attended including 1:1 activities for the months of January, February, and March 2012. Documentation of all activities provided at this facility for the same months were also requested. On 3/30/2012 at 9:30 A.M., the January, February, and March 2012 activity calendars were reviewed. These calendars indicated eighty-four activities which included music, church, hand massages, manicures, pet visits, and sensory stimulation (all assessed as interest of Resident #26) were offered at this facility on the A/B unit (where Resident #26 resided) and/or in the Solarium (where Resident #26 was assessed to enjoy spending time).			

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	Resident # 26 who was assessed to be dependent on staff to anticipate her needs and totally dependent on staff for mobility on and off the unit did not attend any facility provided out of room activities. Resident #26's 1:1 activity attendance record for December 2011 indicated Resident #26 was provided five in room 1:1 activities for the month. Review of the January 2012 activity attendance record indicated Resident #26 was provided six in room 1:1 activities for the month. Review of the February 2012 activity record indicated Resident #26 was provided four 1:1 in room activities for the month. Review of the March 2012 activity attendance record indicated Resident #26 was provided two in room 1:1 activities. During an interview on 3/29/2012 at 3:00 P.M., CNA #9 (Certified Nursing Assistant) stated, "We ask if they want to go to activities. We usually do activities here in the evening time around dinner. The activity person will ask them if they want to and if they are up they will usually say yes." CNA #9 indicated yes when asked if this included Resident #26. 2. Resident #37's clinical record was reviewed on 10/28/2012 at 10:00 A.M.. Resident #37 was admitted on 1/13/2011 and had current diagnoses which included			

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	but were not limited to a history of a left hip fracture, arthritis, kyphoplasty, dementia, Alzheimer's disease, depression, and anxiety. Resident #37's last annual minimum data set assessment (MDS) dated 1/19/2012 indicated Resident #37 required extensive assistance for bed mobility, did not walk, and required an assistance of one for mobility on and off the unit. Resident #37 had been assessed to prefer activities including reading books, newspapers or magazines, listening to music, being around animals such as pets. Resident #37 had a current March 2012 care plan which indicated Resident #37 would participate in 1:1 programs for sensory stimulation to decrease anxiety using her interest in animals, music, and social interactions. Approaches included: Resident #37 enjoyed musical programs, exercise, going to the hair salon, spiritual programs and animal visits. She is no longer appropriate for programs off the unit due to sexually inappropriate behaviors and repetitive calling out-questioning due to short term memory impairment. Encourage Resident #37 to participate in programs on the unit. Evaluate her response to the plan of care and adjust as needed. Provide a calendar of monthly activity programs. Transport			

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	her to and from the hair salon. A care plan problem originally dated 8/3/2010 and on the current March 2012 care plan indicated Resident #37 required extensive assist with all activities of daily living (adls), decreased mobility, and functional and cognitive impairments. Provide assist with locomotion to and from activities and meals. During observation on 3/26/2012 at 2:16 P.M.: Resident #37 was observed in bed. Observations on 3/27/2012: At 10:23 A.M. Resident #37 was observed in bed Maury Povich on the television (TV). At 11:32, 2:12 P.M. (Jerry Springer on TV) and 3:30 P.M. she was observed in bed. Observations on 3/28/2012 at 10:06 A.M. (Maury Povich on TV, 11:50 A.M. sitting at the dining room table with no music, activity, or staff interaction being provided. At 12:20 P.M. in bed eyes open with talk show on talking about "I Beat My Kids". At 2:30 P.M. in bed with Jerry Springer on TV. Observations on 3/29/2012: Resident # 37 was observed in bed at 9:40 A.M.,10:41 A.M., 11:15 A.M. (talk show on with subject Whose My Baby's Daddy) and 3:00 P.M. (Judge Joe show on TV).			

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	Resident #37 was observed on 3/30/12 at 12:00 P.M. sitting at the dining room table with no music playing, no one interacting with her, and no activity being provided. During an interview on 4/2/2012 at 11:00 A.M. documentation was requested from the Activity Director of all activities Resident #37 had attended including 1:1 activities for the months of January, February, and March 2012. On 4/2/2012 at 11:00 A.M., the January, February, and March 2012 activity calendars were reviewed. These calendars indicated at least forty-nine activities which included music, pet visits, trivia, and sensory stimulation (all assessed as interest of Resident #37) were offered at this facility on the A/B unit (where Resident #37 resided). Resident # 37 who was assessed to be dependent on staff for mobility on and off the unit did not attend any facility provided out of room activities. Review of the January 2012 activity attendance record indicated Resident #37 was provided six in room 1:1 activities for the month. Review of the February 2012 activity record indicated Resident #37 was provided four 1:1 in room			

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	activities for the month. Review of the March 2012 activity attendance record indicated Resident #26 was provided one in room 1:1 activities. During an interview on 3/29/2012 at 3:00 P.M., CNA #9 (certified nursing assistant stated, "We ask if they want to go to activities. We usually do activities here in the evening time around dinner. The activity person will ask them if they want to and if they are up they will usually say yes." CNA #9 indicated yes when asked if this included Resident #37. 3. Resident #129's clinical record was reviewed on 3/28/2012 at 10:30 A.M. Resident #129 was admitted on 3/13/12 and had current diagnoses which included but were not limited to cerebrovascular accident (stroke) with right hemiparesis, aphasia, deafness, end stage renal disease on hemodialysis, diabetes mellitus, hypertension, coronary pulmonary disease, coronary artery disease, atrial fibrillation, hyperlipidemia, and status post aspiration pneumonia. A current care plan dated 3/30/2012 indicated Resident #129 had a need for a 1:1 activity program to provide sensory stimulation due to a diagnoses of acute CVA (cerebral vascular accident-stroke) with right hemiparesis and impaired			

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	communication related to deafness. A goal included Resident #129 would participate in a 1:1 activity program three times a week to provide sensory stimulation and socialization. Approaches listed included: evaluate his response to the plan of care and adjust as needed. Resident #129's brother reported to the facility Resident #129 had an interest in scratch off lottery tickets and being outdoors. A current care plan problem dated 3/26/2012 indicated Resident #129 had impaired cognition and daily decision making related to a history of a stroke. A goal included for Resident #129 was to have the opportunity to make simple decision for self throughout the day. Approaches included allowing him time to absorb and respond to information. Observations on 3/27/2012 from 9:00 A.M. through at least 3:00 P.M. Resident # 129 was out of the building for dialysis. Observations on 3/28/2012: Resident #129 was observed in bed at 10:13 A.M. 11:00 A.M., 1150 A.M., 12:00 P.M. 1:34 P.M., 2:00 P.M. Observation on 3/29/2012 from 9:00 A.M. through at least 3:00 P.M. Resident #129 was out of the building for dialysis.			

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	Observations on 3/30/2012: Resident #129 was observed in bed at 9:40 A.M., 10:41 A.M., 11:15 A.M. and 3:00 P.M. During an interview on 4/2/2012 at 11:00 A.M. documentation was requested from the Activity Director of all activities Resident #129 had attended including 1:1 activities since his admission. On 4/2/2012 at 11:00 A.M., Resident #129's activity attendance records were reviewed for the month of March 2012. Resident #129 had not attended any facility activities since his admission or had been provided with 1:1 in room activities. 4. Resident #29's record was reviewed on 3/28/2012 at 11:40 a.m. Diagnoses listed for resident #29 included but were not limited to; hypertension, depression, neuropathy, abnormal posture, arthropathy, peripheral vascular disease, macular degeneration, urine retention, pacemaker, and dementia. Observation on 3/27/2012 at 11:46 a.m. indicated Resident #29 was sitting in her room in her wheelchair with the television on. Observation on 3/30/2012 at 1:00 p.m. indicated Resident #29 was sitting in her			

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	room in her recliner with the television on. Observation on 4/2/2012 at 10:00 a.m. indicated an overhead announcement indicating that a special pet visit activity was being started. Observation on 4/2/2012 from 10:00 a.m. until 10:22 a.m. indicated that the resident was in her room sitting in her recliner awake with the television on to a morning talk show, no employee interactions were observed at this time. Interview on 4/2/2012 at 10:18 a.m. with LPN #14 indicated, "Resident #29 does mainly just one on ones for activities. Today was the first time in a long time the resident said, "thank you," she usually doesn't talk at all. Sometimes she puts her call light on and you'll go in there and ask her what she needs, why she put it on and she won't respond back verbally or appear to need anything. The Activity Director goes in and does one on ones with her. She used to enjoy reading, she often has a book in front of her but I don't know if she's actually reading now or not, she may be able to. Its hard to tell because she rarely speaks. She watches the cooking channel in her room." A care plan dated 11/16/2011 indicated, "Focus: Resident #29 has a potential for			

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	social isolation and low activity involvement due to isolating self in room and a preference for her own company. Goal: Resident #29 will participate in at least one group program of interest (animal assisted visits, no bake cooking, cards, and devotions) each week to provide opportunities for socialization and decrease her risk of social isolation. Approach: assist Resident #29 in making choices about activity preferences. Approach: encourage family support during activity participation. Approach: encourage #29 to participate in pre-meal activity programs on the unit. Approach: encourage Resident #29 to participate in the religious programs (inspiration and spirit gathering) on the unit. Approach: invite Resident #29 to special programs of interest. Approach: provide a calendar of monthly activities program in room." A care plan dated 7/6/2010 indicated, "Problem: Resident #29 has impaired daily decision making related to dementia. Approach: Encourage small group programs to stimulate intellect. Likes religious group on C wing." An activity log for Resident #29 for the month of March 2012 had 'A' meaning active participation for TV/movies for the 1st through the 5th of the month. The rest of the activity log was blank.			

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	An activity log for the month of April 2012 indicated that the resident was highlighted as unavailable for dice games, and chair aerobics for April 1st. She refused catholic mass, bunco, worship service, and sit and fit for April 1st. On April 2nd, Resident #29 refused chair aerobics and animal visit. Interview on 4/2/2012 at 11:40 a.m. with the Activity Director indicated Resident #29 did not go to the animal visit at 10:00 a.m. this morning because she refused. She also indicated the resident definitely had a decline in her activity participation, but she is unsure as to why or if this coincided with a health decline. The Activity Director also indicated that Resident #29 doesn't receive one on one visits. 5. The clinical record for Resident #6 was reviewed on 3/28/12 at 9:30 a.m. The 3/7/12 Admission MDS (Minimum Data Set) assessment indicated it was very important for Resident #6 to go outside when the weather was good and to participate in religious events. The MDS indicated the care area for activities was triggered and a care plan was created. No activities care plan could be found in the clinical record.			

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	On 3/29/12 at 10:30 a.m., an announcement over the loudspeaker indicated Bible Study would be held in the solarium at 10:30 on 3/29/12. At this time, Resident #6 was observed lying in bed in his room. No one was observed to inform the resident of the activity or encourage him to go. During interview with the Activity Director on 3/30/12 at 2:53 p.m., she indicated Resident #6's care plan was on her "to do" list. She indicated he mostly preferred his own company and religious programs. He watched television occasionally. His assessment also indicated he enjoyed classical music. She indicated they had not played or offered to play any classical music for him. He had not done anything outside either. Review of the March, 2012 activity participation log for Resident #6 was completely blank. During another interview at 10:10 a.m. on 4/2/12 with the Activity Director, she indicated his only independent activity was watching television and that he did not engage in any religious activities, go outside, or listen to any classical music the entire week of 3/26/12. He just watched television.			

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F0253 SS=E	483.15(h)(2) HOUSEKEEPING & MAINTENANCE SERVICES The facility must provide housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior. Based on observation, the facility failed to ensure resident rooms were maintained and kept in a sanitary and home like condition for 5 of 36 rooms observed. (Rooms 1073, 1075, 1079, 1095, 1096, and 1097) Findings include: Observations on 3/26/2012 at 2:30 P.M., 3/27/2012 at 3:00 P.M., 3/28/2012 at 3:00 P.M., 3/29/2012 at 9:30 A.M., 3/30/2012 at 9:30 A.M., and 1/2/2012 at 9:30 A.M. revealed the following: 1. Room 1073- There were several areas above the bed where the wall paper was torn from the wall. 2. Room 1075-Behind both beds the paint had been scraped off the base boards. The wall paper had dark stains in various different areas. The heating/cooling equipment had several rusty areas with sharp edges and was covered with dust and debris. 3. Room 1079 -The wall paper was peeling off in the bathroom. The	F0253	**F253-483.15 (h) (2)** **HOUSEKEEPING & MAINTENANCE SERVICES** **I. The areas of concerns identified in rooms # 1073, # 1075, # 1079, # 1095, # 1097, and # 1096 were reviewed and addressed timely. # 1073- Accordion door was removed, wall paper and covering were removed, wall was painted on 04-17-12. #1075- Base boards were removed, the room will be repainted, and the heating and air conditioning unit will be replaced. #1079- Accordion door was removed. The wall paper will be removed by the maintenance department and the room will be repainted. In addition, the black window seal strip has been removed. #1095 – Heater and air unit has been cleaned. # 1097-Door frame will be repainted and all holes will be patched appropriately. The floor trim will be replaced and the heating and air unit will be replaced. #1096- The holes in the bathroom will be patched. The room will be repainted.** **II. The areas of concerns identified will be inspected**	04/29/2012

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	wallpaper in the bathroom had six different brown stains. Above the toilet there were brown streaked stains. The black window seal strip was hanging down from the window. 4. Room 1095 - There was dirt on heater/air unit which covered a three feet of area. 5. Room 1097 - The door frame needed painted (door and frame removed leaving side wall discolored and scraped). There were five holes in the bathroom wall with blue molly bolts showing. The floor trim was missing on entryway from room to bathroom. The air/heat unit was scraped and deteriorated. There was a hole in east wall by the baseboard measuring 2 x 2" on east wall by baseboard. 6. Room 1096-The bathroom had five holes with exposed blue molly bolts, The side of the bathroom wall was scuffed and needed painted. There were marks on the north side wall of room where it needed to be painted. The wall also had marks of a black matter and three nail holes. 3.1-19(f)(5)		**throughout the community.** **III. The systemic change will include: that the maintenance department will monitor all facility bathrooms and resident rooms. The Administrator of designee will monitor the maintenance/cleaning audits weekly x 4 months, then monthly thereafter. Rooms will be routinely inspected monthly.** **IV. The results of these environmental rounds will be reviewed and discussed at the Quality Assurance Committee monthly and frequency and duration of the reviews will be adjusted as needed.** **Completion date: April 29, 2012**	

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F0279 SS=D	483.20(d), 483.20(k)(1) DEVELOP COMPREHENSIVE CARE PLANS A facility must use the results of the assessment to develop, review and revise the resident's comprehensive plan of care. The facility must develop a comprehensive care plan for each resident that includes measurable objectives and timetables to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment. The care plan must describe the services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.25; and any services that would otherwise be required under §483.25 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(b)(4). Based on interview and record review, the facility failed to ensure an activities care plan was created after triggered on the MDS (Minimum Data Set) assessment and failed to have a restorative rehabilitation care plan for 2 of 35 residents reviewed for appropriate care plans. (Resident #6 and 48). Findings include: 1. The clinical record for Resident #6 was reviewed on 3/28/12 at 9:30 a.m.	F0279	**F279-483.20 (d). 483.20 (k) (1)** **COMPREHENSIVE CARE PLANS** **I. Resident #6 is no longer in the facility. The care plan of Resident #48 was reviewed and updated as necessary.** **II. All residents that have an activity care plan triggered by the MDS and residents with a restorative program have**	04/29/2012

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	The 3/7/12 Admission MDS indicated the care area for activities was triggered and a care plan was created. No activities care plan could be found in the clinical record. During interview with the Activity Director on 3/30/12 at 2:53 p.m., she indicated Resident #6's activity care plan was on her "to do" list.		**been identified and will have care plans reviewed for completion.** **III. Systemic changes include the following:** **· Residents requiring a new restorative program will be discussed at the daily (Monday through Friday) interdisciplinary clinical meeting, which includes therapy and the restorative nurse. The Restorative Nurse will then complete the Restorative Nursing Program and the care plan.** **· The MDS coordinator will review the triggered areas from the MDS for completion of care plans triggered. She will provide an audit of the activity care plan completion to the Administrator.** **· The DON/designee will meet with the restorative nurse to review residents on a restorative program for care plan completion. Education was provided to the Restorative Nurse regarding completion of a**	

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			restorative care plan with all restorative programs. Education was provided to the Activity Director and Activity staff regarding timely completion of care plans when triggered by the MDS. **IV. The Activity Director will provide a care plan review of 5 residents per unit once every other week for completion of activity care plans triggered by the MDS for 12 weeks then once a month for 9 months totaling 12 months of auditing.** **The Director of Nursing or designee will review 3 residents per unit each week requiring a restorative program for completion of a care plan for 4 weeks, then 1 resident per unit each week for 4 weeks, then 3 residents monthly for a total of 12 months of monitoring. The results of the reviews will be discussed at the monthly facility Quality Assurance meetings and frequency and duration of the reviews will be adjusted as needed.**	

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	155196	A. BUILDING 00 B. WING	04/02/2012

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	2. The record of Resident #48 was reviewed on 3/29/12 at 3:20 p.m. Resident #48 received Occupational Therapy (OT) from 1/19/12 to 2/10/12 consisting of therapeutic exercises, activities and self care training but no further documentation of OT patient therapy could be found. Diagnoses for Resident #48 include but are not limited to a CVA. During an observation on 4/2/12 at 10:15 a.m. Resident #48 was returning to her room from exercising. CNA #20 was interviewed at this time and indicated this resident is seen every day by a restorative aid and the resident was improving due to the restorative services. During an interview with Physical Therapist #19 on 4/2/12 at 12:35 p.m. she indicated that Resident #48 was not making progress toward her goals and was referred to a Restorative Program on 2/10/12. During an interview with the MDS Coordinator on 4/2/12 at 12:45 p.m. she indicated that according to her records Resident #48 was put on a Restorative		**Completion date : April 29, 2012**	

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	Program on 2/14/12. She also indicated that she had been off work for a while and could not find in the file where a care plan for the Restorative Program had been written for this resident. 3.1-35(a)			

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F0280 SS=D	483.20(d)(3), 483.10(k)(2) RIGHT TO PARTICIPATE PLANNING CARE-REVISE CP The resident has the right, unless adjudged incompetent or otherwise found to be incapacitated under the laws of the State, to participate in planning care and treatment or changes in care and treatment. A comprehensive care plan must be developed within 7 days after the completion of the comprehensive assessment; prepared by an interdisciplinary team, that includes the attending physician, a registered nurse with responsibility for the resident, and other appropriate staff in disciplines as determined by the resident's needs, and, to the extent practicable, the participation of the resident, the resident's family or the resident's legal representative; and periodically reviewed and revised by a team of qualified persons after each assessment. Based on interview, observation, and record review the facility failed to revise the care plan for activities and toileting after assessment for 3 of 35 residents reviewed for care plans (Resident 60, 29, and 37). Findings include: 1. Resident #60's record was reviewed on 3/28/2012 at 1:30 p.m. Diagnoses included but were not limited to; muscle weakness, difficulty walking, anxiety, restless leg syndrome, dementia, renal (kidney) failure, and depressive disorder.	F0280	**F280-483.20 (d) (3), 483.10 (k) (2)** **RIGHT TO PARTICIPATE PLANNING CARE –REVISE CARE PLAN** **I. Resident #60 no longer resides in the facility; The care plans for residents #29 and # 37 were updated.** **II. All residents with updated assessments, over the last 3 months, for activities and toileting have been identified and the care plan has been revised and/or reviewed related to the updated assessment.** **III. Systemic changes include:** **An interdisciplinary care plan meeting will be**	04/29/2012

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	A nursing progress note dated 2/4/12 at 2:18 a.m. indicated Resident #60 had a fall in his bathroom. A Fall event form attached to the nurses note with the same date and time listed indicated, "Location of fall: resident room-bathroom. Resident was in bed and got up to take himself to the bathroom. Was the fall witnessed? No. What footwear did the resident have on at the time of the fall? Socks with skid grip. Does resident exhibit or complain of pain related to the fall? If so, describe location. Yes, Resident stated that his right hip hurt. Rated a 7-severe pain-horrible intense. Body observation: location of injury was right hip. Note any injury to the head, extremities, or trunk: no injury noted. Range of Motion: ROM (range of motion) painful/limited in lower extremity. Resident would not let nurse check ROM on his right lower extremity. Positioning of extremities: Rotation/deformity/shortening of right lower extremity. Immediate first aid measures taken: no first aid needed. Resident was assessed. Noticed shortening and abduction of right lower extremity. Explained to the aides and the resident not to move his leg. Interventions: indicated what interventions were in use at the time of the fall: non-skid footwear, bed alarm." A care plan dated, 12/21/2011, indicated		**held after the resident's assessment period, at which time assessments are completed, to review the care plan for updates related to the assessment. Emphasis will be on the activity and toileting assessment and care plan.** **Education will be provided to the Activity Director regarding revising the care plan after assessment and the systemic change.** **Education will be provided to licensed nurses regarding revising the care plan for toileting after an assessment and the systemic change.** **IV. The Activity Director will provide a care plan review of 5 residents per unit once every other week for completion of activity care plans after completion of an assessment for 12 weeks then once a month for 9 months totaling 12 months of auditing.** **The Director of Nursing or designee will review 3 residents each week after**	

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	"Problem: resident at risk for falling related to UTI, dementia, weakness due to recent hospitalization, episodes of urinary incontinence, and decline in functional status. Goal: Resident will remain free from injury. Approach: updated on 2/4/2012 not to leave the rolling walker in site." (sic) 2. Resident #29's record was reviewed on 3/28/2012 at 11:40 a.m. Diagnoses listed for resident #29 included but were not limited to; hypertension, depression, neuropathy, abnormal posture, arthropathy, peripheral vascular disease, macular degeneration, urine retention, pacemaker, and dementia. Observation on 3/27/2012 at 11:46 a.m. indicated Resident #29 was sitting in her room in her wheelchair with the television on. Observation on 3/30/2012 at 1:00 p.m. indicated Resident #29 was sitting in her room in her recliner with the television on. Observation on 4/2/2012 at 10:00 a.m. indicated an overhead announcement indicating that a special pet visit activity was being started. Observation on 4/2/2012 from 10:00 a.m. until 10:22 a.m. indicated that the resident was in her		**completion of a toileting assessment for an update of the toileting care plan for 4 weeks, then 1 resident each week for 4 weeks, then 3 residents monthly for a total of 12 months of monitoring. The results of the reviews will be discussed at the monthly facility Quality Assurance meetings and frequency and duration of the reviews will be adjusted as needed.** **Completion date: April 29, 2012**	

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	room sitting in her recliner awake with the television on to a morning talk show. Interview on 4/2/2012 at 10:18 a.m. with LPN #14 manager indicated, "Resident #29 does mainly just one on ones for activities. Today was the first time in a long time the resident said, "thank you," she usually doesn't talk at all. Sometimes she puts her call light on and you'll go in there and ask her what she needs, why she put it on and she won't respond back verbally or appear to need anything. The Activity Director goes in and does one on ones with her. She used to enjoy reading, she often has a book in front of her but I don't know if she's actually reading now or not, she may be able to. Its hard to tell because she rarely speaks. She watches the cooking channel in her room." A care plan dated 11/16/2011 indicated, "Focus: Resident #29 has a potential for social isolation and low activity involvement due to isolating self in room and a preference for her own company. Goal: Resident #29 will participate in at least one group program of interest (animal assisted visits, no bake cooking, cards, and devotions) each week to provide opportunities for socialization and decrease her risk of social isolation. Approach: assist Resident #29 in making choices about activity preferences.			

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	Approach: encourage family support during activity participation. Approach: encourage #29 to participate in pre-meal activity programs on the unit. Approach: encourage Resident #29 to participate in the religious programs (inspiration and spirit gathering) on the unit. Approach: invite Resident #29 to special programs of interest. Approach: provide a calendar of monthly activities program in room." A care plan dated 7/6/2010 indicated, "Problem: Resident #29 has impaired daily decision making related to dementia. Approach: Encourage small group programs to stimulate intellect. Likes religious group on C wing." An activity log for Resident #29 for the month of March 2012 had 'A' meaning active participation for TV/movies for the 1st through the 5th of the month. The rest of the activity log was blank. An activity log for the month of April 2012 indicated that the resident was highlighted as unavailable for dice games, and chair aerobics for April 1st. She refused catholic mass, bunco, worship service, and sit and fit for April 1st. On April 2nd, Resident #29 refused chair aerobics and animal visit. Interview on 4/2/2012 at 11:40 a.m. with the Activity Director indicated Resident			

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	#29 did not go to the animal visit at 10:00 a.m. this morning because she refused. The Activity Director also indicated that Resident #29 doesn't receive one on one visits. She also indicated the resident definitely had a decline in her activity participation, but she is unsure as to why or if this coincided with a health decline. 3. Resident #37's clinical record was reviewed on 10/28/2012 at 10:00 A.M.. Resident #37 was admitted on 1/13/2011 and had current diagnoses which included but were not limited to a history of a left hip fracture, arthritis, kyphoplasty, dementia, Alzheimer's disease, depression, and anxiety. Resident #37's last annual minimum data set assessment (MDS) dated 1/19/2012 indicated Resident #37 required extensive assistance for bed mobility, did not walk, and required an assistance of one for mobility on and off the unit. Resident #37 had been assessed to prefer activities including reading books, newspapers or magazines, listening to music, and being around animals such as pets. Resident #37 had a current March 2012 care plan which indicated Resident #37 would participate in 1:1 programs for sensory stimulation to decrease anxiety using her interest in animals, music, and social interactions. Approaches included:			

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	Resident #37 enjoyed musical programs, exercise, going to the hair salon, spiritual programs and animal visits. She is no longer appropriate for programs off the unit due to sexually inappropriate behaviors and repetitive calling out-questioning due to short term memory impairment. Encourage Resident #37 to participate in programs on the unit. Evaluate her response to the plan of care and adjust as needed. Provide a calendar of monthly activity programs. Transport her to and from the hair salon. A care plan problem originally dated 8/3/2010 and on the current March 2012 care plan indicated Resident #37 required extensive assist with all activities of daily living (adls), decreased mobility, and functional and cognitive impairments. Provide assist with locomotion to and from activities and meals. A social service note dated 3/15/2012 indicated Resident #37 was reviewed during a behavior management meeting . . . no evidence of behaviors from 3/1/2012. A social service note dated 3/1/2012 indicated . . . no evidence of behaviors 2/17-3/1/2012. A social service note dated 2/16/2012 indicated . . . no evidence of behaviors noted between 2/9/2012 and 2/16/2012			

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	Observations on 3/26/2012 at 2:16 P.M.: Resident #37 was observed in bed. Observations on 3/27/2012: At 10:23 A.M. Resident #37 was observed in bed Maury Povich on the television (TV). At 11:32, 2:12 P.M. (Jerry Springer on TV) and 3:30 P.M. she was observed in bed. Observations on 3/28/2012 at 10:06 A.M. (Maury Povich on TV, 11:50 A.M. sitting at the dining room table with no music, activity, or staff interaction being provided. At 12:20 P.M. in bed eyes open with talk show on talking about "I Beat My Kids". At 2:30 P.M. in bed with Jerry Springer on TV. Observations on 3/29/2012: Resident # 37 was observed in bed at 9:40 A.M.,10:41 A.M., 11:15 A.M. (talk show on with subject Whose My Baby's Daddy) and 3:00 P.M. (Judge Joe show on TV). Resident #37 was observed on 3/30/12 at 12:00 P.M. sitting at the dining room table with no music playing, no one interacting with her, and no activity being provided. During an interview on 4/2/2012 at 11:00 A.M. documentation was requested from the Activity Director of all activities Resident #37 had attended including 1:1			

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	activities for the months of January, February, and March 2012. On 4/2/2012 at 11:00 A.M., the January, February, and March 2012 activity calendars were reviewed. These calendars indicated at least forty-nine activities which included music, pet visits, trivia, and sensory stimulation (all assessed as interest of Resident #37) were offered at this facility on the A/B unit (where Resident #37 resided). Resident # 37 who was assessed to be dependent on staff for mobility on and off the unit did not attend any facility provided out of room activities. During an interview on 4/2/2012 at 11:00 A.M. documentation was requested from the Activity Director of all activities Resident #37 had attended including 1:1 activities for the months of January, February, and March 2012. Review of the January 2012 activity attendance record indicated Resident #37 was provided six in room 1:1 activities for the month. Review of the February 2012 activity record indicated Resident #37 was provided four 1:1 activities for the month. Review of the March 2012 activity attendance record indicated Resident #26 was provided one in room 1:1 activities. Resident #37 had not been			

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	taken to out of room activities on or off the unit during this time. During an interview on 3/29/2012 at 3:00 P.M., CNA #9 (certified nursing assistant stated, "We ask if they want to go to activities. We usually do activities here in the evening time around dinner. The activity person will ask them if they want to and if they are up they will usually say yes." CNA #9 indicated yes when asked if this included Resident #37 Resident #37 did not have a current revised plan of care regarding the lack of behaviors which had previously restricted her from leaving the unit for activities. 3.1-35(d)(2)(B)			

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F0282 SS=E	483.20(k)(3)(ii) SERVICES BY QUALIFIED PERSONS/PER CARE PLAN The services provided or arranged by the facility must be provided by qualified persons in accordance with each resident's written plan of care. Based interview, observation, and record review, the facility failed to follow a physician's order for 1 of 35 resident reviewed for physician's orders being followed (Resident #129) and for 3 of 35 residents (resident #129, #37, #26) reviewed for services being provided as outlined in the plan of care in a total sample of 35. Findings include: 1. Resident #129's clinical record was reviewed on 3/28/2012 at 10:30 A.M. Resident #129 was admitted on 3/13/12 and had current diagnoses which included but were not limited to cerebrovascular accident (stroke) with right hemiparesis, aphasia, deafness, end stage renal disease on hemodialysis, diabetes mellitus, hypertension, coronary pulmonary disease, coronary artery disease, atrial fibrillation, hyperlipidemia, and status post aspiration pneumonia. A physician's order dated 3/19/2012, indicated Resident #129 was to have the half lap tray on for support while up in the	F0282	**F282-483.20 (k) (3) (ii)** **SERVICES BY QUALIFIED PERSONS/PER CARE PLAN** **I. Resident #129 no longer resides at the facility. The Activity care plans for Resident #26 and #37 were updated to reflect current activity plans and services are being provided as outlined in the plan of care.** **II. All residents with orders for support equipment have been identified and the physician's orders are being followed.** **All residents have current care plans regarding activities and the services are being provided as outlined in the plan of care.** **III. Systemic changes include:** **· All residents with an order for support equipment will have the equipment**	04/29/2012

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	wheel chair. During an observation on 4/2/2012 at 10:20 A.M., Resident #129 was observed sitting in his wheel chair without the lap tray attached to the wheel chair. During an interview at this time, LPN (licensed practical nurse) #13 stated, "We have been looking for the tray." CNA (certified nursing assistant) #12 indicated they had been looking for it all day. The tray had been missing all weekend. During an interview at this time Occupational Therapist #11 stated, "Whenever he is in chair he should have the tray on. He has a shoulder sublexation on the right. That is why he needed tray to keep his arm in a good position so it will not separate." During an interview on 4/2/2012 at 10:20 A.M., Resident #129's sister-in-law indicated Resident #129 did not have the tray on when he fell two days earlier and had to be sent to emergency room for stitches. During an interview on 4/2/2012 at 3:00 P.M., The DON (director of nursing indicated she did not know the tray had been missing all weekend. Resident #129 needed the tray to correctly position his shoulder however the tray was not used to keep him from falling out of the chair.		**listed on the C.N.A. assignment sheets. The C.N.A. assignment sheets are updated daily (Monday through Friday) at the clinical meeting; and as needed by the charge nurses during non-business hours. The Charge Nurse and Administrative Nursing staff will make rounds daily for compliance with the ordered support equipment being utilized.** **· The Activity Director or designee will coordinate scheduled group activities on the activity calendar with the resident's individual plan of care and documented interests to meet the resident's individual interests and needs. One on one activities will be based on the individual interests of the resident as well as providing materials or programming for self directed activities of interest.** **Education will be provided to nursing staff regarding updating and utilizing the**	

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	2. Resident #26's clinical record was reviewed on 3/28/2012 at 9:30 A.M. Resident #26 was admitted on 5/18/10 and had current diagnoses which included but not limited to a history of dementia, high blood presser, hypothyroidism, osteoarthritis, and osteoporosis. A minimum data assessment (MDS) dated 3/9/12, indicated Resident #26 was alert but not oriented to time or place and she was totally dependant on staff for locomotion on and off the unit. A physician's activity order dated 5/20/2010 and on the current March rewrite orders indicated Resident #26 could be up as tolerated. A current March 2012 care plan indicated Resident #26 would self direct at least 1 independent activity daily to maintain her independence and would participate in at least 2 activity groups each week to her level of social interaction. A social service note dated 4/28/2011 indicated . . . Care plan meeting today with Resident #26's daughter and staff. . . discussed health status, diet, weight, mood, medications and activity involvement. Resident #26 feels comfortable with her daily routine,		**C.N.A. assignment sheets and completing rounds daily for compliance with the ordered support equipment being utilized. Education also will include assisting with transporting residents to activities of their choice as directed by the Activities Director.** **Education will be provided to the Activities Director regarding the systemic change and providing activities that meet the needs of the residents per the plan of care.** **The education will include information on the choice of TV programs the residents are watching to ensure the program are appropriate and meet the interests of the residents as documented on the care plans or voiced by the residents/POA.** **IV. The Unit Manager or designee will complete daily rounds (Monday through Friday) on the unit to monitor for compliance with the ordered**	

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	environment, and staff. Resident # 26 attending some of the facility activities for example: pre and post meal activities. Likes to rest in her bed between meals. A social service note dated 6/10/2011 indicated . . . care plan addressed Resident #26's impaired decision making and sad/pained affect. Resident #26 is alert. She has problems with short/long term memory. Staff must anticipate her needs. . . or her needs would not be met. Family remains supportive and visit at least weekly. Resident #26 exhibited sad affect and showed little interest in participating in activities. She enjoyed going outside for wheelchair rides with family and 1:1 visits. A care plan problem listed for Resident #26 originally dated 8/5/2011 and on the current March 2012 care plan indicated Resident #26 had a potential for low activity involvement due to a decline in her health care status. She currently had an interest in music, animals, hand massages, and family visits. Resident #26 was to be encouraged to participate in animal assisted visits, evaluated for her response to the plan of care, and update plan of care as needed. Goals listed included Resident #26 would participate in a 1:1 activity visit program twice each week to provide opportunities for		**support equipment being utilized per the physician orders. Any concerns will be addressed.** **The Administrator or designee will observe the activity for residents who are room-confined per unit for 1x per for 4 weeks, then 1 x per week every other for 4 weeks, then monthly for a total of 12 months of auditing/observation. The Administrator or her designee will review the activity and participation log related to activities provided that meet the needs of the residents per the plan of care for 5 residents per unit 1 x other week x 3 months for the next 12 weeks and then will review monthly for the next 9 months. Any issues or concerns will be addressed timely.** **The results of the reviews will be discussed at the monthly facility Quality Assurance meetings and frequency and duration of the reviews will be adjusted as needed.**	

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	socialization's. Interventions included: encourage Resident #26 to participate in animal assisted visits, offer hand massages, assess her activity interest and activity preferences. Resident # 26 had a care plan problem originally dated 2/3/2011 and on a current March 2012 care plan which indicated Resident #26 continued to exhibit sad, pained, and worried facial expressions as evidenced by furrowed brows, tearfulness related to dementia, and depression. Goals listed included Resident #26 would exhibit signs of happiness as evidenced by her smiling, laughing and conversing pleasantly during meals, activities and activities of daily living assistance on a daily basis. Approaches listed to reach this goal included: encourage Resident #26 to become involved with physical activities and social interactions, encourage her to verbalize feelings, concerns, fears, etc., identify relationships she could draw on for example with staff, children, table mates and friends on the unit, and observe for signs and symptoms of depression, tearfulness, withdrawal, loss of appetite and notify physician. A current care plan problem dated 3/18/2012 indicated Resident #26 lacked a sense of initiative/involvement as evidenced by her not showing interest in		**Completion date: April 29, 2012**	

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	participating in her favorite activities or socializing with others related to dementia and sad mood. A goal listed for Resident #26 indicated she would have opportunities to socialize and feel a part of the community through interaction with others and participating in her preferred activities throughout the day. Interventions included allowing Resident # 26 to choose options for example: attending an activity in the morning or afternoon, assess health status factors that may inhibit social involvement, encourage her to attend small group activities such as: prayer and devotion on the a/b wing, movement therapy, and special meals, encourage her to verbalize her feelings and fears, encourage family to continue their regular visits, take her on wheelchair rides outside and accompany her to her favorite activities, engage her in pleasant conversation during ADLs (activities of daily living) assistance, meals, activities and 1:1 visits, report signs of isolation for example sad, dull affect, non-communicative, withdrawn, lack of eye contact, expressions of loneliness/rejection) to the doctor Observations on 2/26/2012 at 2:16 P.M.: Resident # 26 in bed (no music or television). Observations on 2/27/2012: At 10:23			

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	A.M. Resident #26 was observed in bed (no television or music playing). At 1:20 P.M. she was observed sitting at the lunch table with her head down (no activity or music playing). At 2:12 P.M. and 3:30 P.M. she was observed in bed (no television or music playing). Observations on 3/28/2012: At 9:30 A.M.,10:06 A.M., and 11:00 A.M., Resident #26 was observed in bed (no television or music playing). At 11:50 A.M. she was observed up in a wheelchair in the dining room waiting for lunch and at 1:44 P.M. after lunch. No music or actives were being provided during these times. At 2:00 P.M. Resident #26 was observed in bed with no television or music playing. Observations on 3/29/2012: Resident # 26 was observed in bed without music or television at 9:40 A.M., 10:41 A.M., 11:15 A.M. and 3:00 P.M. Resident #26 was observed on 3/30/12 at 12:00 P.M. sitting at the dining room table with her head down no music playing, no one interacting with her, and no activity being provided. During an interview on 3/29/2012 at 3:54 P.M., The Activity Director indicated, Resident #26 was only on a one to one			

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	program twice a week for not more than twenty-five minutes at a time. Resident # 26 most often liked for them to sit by her bed and touch her hand. She liked gentle hand massages, manicures, sensory type puddy, and different texture balls that they tried to get her to squeeze. She liked scented candles and she liked the animals when they came but only the smaller animals. She did not participate in group activities because of her cognitive status. She enjoyed wheel chair rides especially outside. Resident #26's daughter told them Resident #26 enjoyed classical and big band type music and at times they brought this music to her room during 1:1 visits. It was not provided in her room at other times. Resident #26 enjoyed being out if her room in the sun room or the solarium. The Activity Director stated, "she might be more willing to attend a group activity that included music." The activity director stated, "In my opinion 30 minutes of one on one in room activities a week is enough. I have a consultant who goes by the state regulations." During an interview on 3/29/2012 at 3:54 P.M. the Activity Director was informed Resident #26 had not been observed at an activity for the past four days. Documentation was requested of all activities Resident #26 had attended including 1:1 activities for the months of			

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	January, February, and March 2012. Documentation of all activities provided at this facility for the same months were also requested. On 3/30/2012 at 9:30 A.M., the January, February, and March 2012 activity calendars were reviewed. These calendars indicated eighty-four activities which included music, church, hand massages, manicures, pet visits, and sensory stimulation (all assessed as interest of Resident #26) were offered at this facility on the A/B unit (where Resident #26 resided) and/or in the Solarium (where Resident #26 was assessed to enjoy spending time). Resident # 26 who was assessed to be dependent on staff to anticipate her needs and totally dependent on staff for mobility on and off the unit did not attend any facility provided out of room activities. Resident #26's 1:1 activity attendance record for December 2011 indicated Resident #26 was provided five in room 1:1 activities for the month. Review of the January 2012 activity attendance record indicated Resident #26 was provided six in room 1:1 activities for the month. Review of the February 2012 activity record indicated Resident #26 was provided four 1:1 in room activities for the month. Review of the March 2012			

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	activity attendance record indicated Resident #26 was provided two in room 1:1 activities. During an interview on 3/29/2012 at 3:00 P.M., CNA #9 (Certified Nursing Assistant) stated, "We ask if they want to go to activities. We usually do activities here in the evening time around dinner. The activity person will ask them if they want to and if they are up they will usually say yes." CNA #9 indicated yes when asked if this included Resident #26. 3. Resident #37's clinical record was reviewed on 10/28/2012 at 10:00 A.M.. Resident #37 was admitted on 1/13/2011 and had current diagnoses which included but were not limited to a history of a left hip fracture, arthritis, kyphoplasty, dementia, Alzheimer's disease, depression, and anxiety. Resident #37's last annual minimum data set assessment (MDS) dated 1/19/2012 indicated Resident #37 required extensive assistance for bed mobility, did not walk, and required an assistance of one for mobility on and off the unit. Resident #37 had been assessed to prefer activities including reading books, newspapers or magazines, listening to music, being around animals such as pets. Resident #37 had a current March 2012			

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	care plan which indicated Resident #37 would participate in 1:1 programs for sensory stimulation to decrease anxiety using her interest in animals, music, and social interactions. Approaches included: Resident #37 enjoyed musical programs, exercise, going to the hair salon, spiritual programs and animal visits. She is no longer appropriate for programs off the unit due to sexually inappropriate behaviors and repetitive calling out-questioning due to short term memory impairment. Encourage Resident #37 to participate in programs on the unit. Evaluate her response to the plan of care and adjust as needed. Provide a calendar of monthly activity programs. Transport her to and from the hair salon. A care plan problem originally dated 8/3/2010 and on the current March 2012 care plan indicated Resident #37 required extensive assist with all activities of daily living (adls), decreased mobility, and functional and cognitive impairments. Provide assist with locomotion to and from activities and meals. Observations on 3/26/2012 at 2:16 P.M.: Resident #37 was observed in bed. Observations on 3/27/2012: At 10:23 A.M. Resident #37 was observed in bed Maury Povich on the television (TV). At			

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	11:32, 2:12 P.M. (Jerry Springer on TV) and 3:30 P.M. she was observed in bed. Observations on 3/28/2012 at 10:06 A.M. (Maury Povich on TV, 11:50 A.M. sitting at the dining room table with no music, activity, or staff interaction being provided. At 12:20 P.M. in bed eyes open with talk show on talking about "I Beat My Kids". At 2:30 P.M. in bed with Jerry Springer on TV. Observations on 3/29/2012: Resident # 37 was observed in bed at 9:40 A.M.,10:41 A.M., 11:15 A.M. (talk show on with subject Whose My Baby's Daddy) and 3:00 P.M. (Judge Joe show on TV). Resident #37 was observed on 3/30/12 at 12:00 P.M. sitting at the dining room table with no music playing, no one interacting with her, and no activity being provided. During an interview on 4/2/2012 at 11:00 A.M. documentation was requested from the Activity Director of all activities Resident #37 had attended including 1:1 activities for the months of January, February, and March 2012. On 4/2/2012 at 11:00 A.M., the January, February, and March 2012 activity calendars were reviewed. These			

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	calendars indicated at least forty-nine activities which included music, pet visits, trivia, and sensory stimulation (all assessed as interest of Resident #37) were offered at this facility on the A/B unit (where Resident #37 resided). Resident # 37 who was assessed to be dependent on staff for mobility on and off the unit did not attend any facility provided out of room activities. Review of the January 2012 activity attendance record indicated Resident #37 was provided six in room 1:1 activities for the month. Review of the February 2012 activity record indicated Resident #37 was provided four 1:1 in room activities for the month. Review of the March 2012 activity attendance record indicated Resident #26 was provided one in room 1:1 activities. During an interview on 3/29/2012 at 3:00 P.M., CNA #9 (certified nursing assistant stated, "We ask if they want to go to activities. We usually do activities here in the evening time around dinner. The activity person will ask them if they want to and if they are up they will usually say yes." CNA #9 indicated yes when asked if this included Resident #37. 4. Resident #129's clinical record was reviewed on 3/28/2012 at 10:30 A.M.			

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	Resident #129 was admitted on 3/13/12 and had current diagnoses which included but were not limited to cerebrovascular accident (stroke) with right hemiparesis, aphasia, deafness, end stage renal disease on hemodialysis, diabetes mellitus, hypertension, coronary pulmonary disease, coronary artery disease, atrial fibrillation, hyperlipidemia, and status post aspiration pneumonia. A current care plan dated 3/30/2012 indicated Resident #129 had a need for a 1:1 activity program to provide sensory stimulation due to a diagnoses of acute CVA (cerebral vascular accident-stroke) with right hemiparesis and impaired communication related to deafness. A goal included Resident #129 would participate in a 1:1 activity program three times a week to provide sensory stimulation and socialization. Approaches listed included: evaluate his response to the plan of care and adjust as needed. Resident #129's brother reported to the facility Resident #129 had an interest in scratch off lottery tickets and being outdoors. A current care plan problem dated 3/26/2012 indicated Resident #129 had impaired cognition and daily decision making related to a history of a stroke. A goal included for Resident #129 was to			

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	have the opportunity to make simple decision for self throughout the day. Approaches included allowing him time to absorb and respond to information. Observations on 3/27/2012 from 9:00 A.M. through at least 3:00 P.M. Resident # 129 was out of the building for dialysis. Observations on 3/28/2012: Resident #129 was observed in bed at 10:13 A.M. 11:00 A.M., 1150 A.M., 12:00 P.M. 1:34 P.M., 2:00 P.M. Observation on 3/29/2012 from 9:00 A.M. through at least 3:00 P.M. Resident #129 was out of the building for dialysis. Observations on 3/30/2012: Resident #129 was observed in bed at 9:40 A.M., 10:41 A.M., 11:15 A.M. and 3:00 P.M. During an interview on 4/2/2012 at 11:00 A.M. documentation was requested from the Activity Director of all activities Resident #129 had attended including 1:1 activities since his admission. On 4/2/2012 at 11:00 A.M., Resident #129's activity attendance records were reviewed for the month of March 2012. Resident #129 had not attended any facility activities since his admission or had been provided with 1:1 in room			

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	activities. 3.1-35(g)(2)			

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PERCEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F0309 SS=D	483.25 PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care. Based on observation, interview, and clinical record review, the facility failed to provide services ordered by a physician to maintain the physical well-being for 1 of 35 residents reviewed for services being provided in a total sample of 35. (Resident #129) Findings include: Resident #129's clinical record was reviewed on 3/28/2012 at 10:30 A.M. Resident #129 was admitted on 3/13/12 and had current diagnoses which included but were not limited to cerebrovascular accident (stroke) with right hemiparesis, aphasia, deafness, end stage renal disease on hemodialysis, diabetes mellitus, hypertension, coronary pulmonary disease, coronary artery disease, atrial fibrillation, hyperlipidemia, and status post aspiration pneumonia. A physician's order dated 3/19/2012, indicated Resident #129 was to have the half lap tray on for support while up in the	F0309	**F309-483.25 PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING I. Resident #129 no longer resides at the facility. II. All residents with orders for support equipment have been identified and the physician's orders are being followed. III. Systemic changes include: All residents with an order for support equipment will have the equipment listed on the C.N.A. assignment sheets. The C.N.A. assignment sheets are updated daily (Monday through Friday) at the clinical meeting; and as needed by the charge nurses during non-business hours. The Charge Nurse and Administrative Nursing staff will make rounds daily for compliance with the ordered support equipment being utilized. Education will be provided to nursing staff regarding updating and utilizing the C.N.A. assignment sheets and completing rounds daily for compliance with the ordered support equipment**	04/29/2012

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	155196	A. BUILDING 00 B. WING	04/02/2012

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	wheel chair. During an observation on 4/2/2012 at 10:20 A.M., Resident #129 was observed sitting in his wheel chair without the lap tray attached to the wheel chair. During an interview at this time, LPN (licensed practical nurse) #13 stated, "We have been looking for the tray." CNA (certified nursing assistant) #12 indicated they had been looking for it all day. The tray had been missing all weekend. During an interview at this time Occupational Therapist #11 stated, "Whenever he is in chair he should have the tray on. He has a shoulder sublexation on the right. That is why he needed tray to keep his arm in a good position so it will not separate." During an interview on 4/2/2012 at 10:20 A.M., Resident #129's sister-in-law indicated Resident #129 did not have the tray on when he fell two days earlier and had to be sent to emergency room for stitches. During an interview on 4/2/2012 at 3:00 P.M., The DON (director of nursing) indicated she did not know the tray had been missing all weekend. Resident #129 needed the tray to correctly position his shoulder however the tray was not used to keep him from falling out of the chair.		**being utilized. IV. The Unit Manager or designee will complete daily rounds (Monday through Friday) on the unit to monitor for compliance with the ordered support equipment being utilized per the physician orders. Any concerns will be addressed. The results of the reviews will be discussed at the monthly facility Quality Assurance meetings and frequency and duration of the reviews will be adjusted as needed. Addendum requested for F309:The results of the reviews will be discussed at the monthly Quality Assurance Committee meeting for a total of 12 months. After 12 months, the Committee may determine whether to discontinue the audits if 100% compliance was achieved. Completion date: April 29, 2012**	

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	3.1-37(a)			

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F0323 SS=G	483.25(h) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES The facility must ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents. Based on interview and record review, the facility failed to supervise and prevent an accident/fall, by not providing stand by assistance while toileting a resident for 1 of 4 residents reviewed for falls resulting in resident A sustaining multiple bruises on multiple extremities, back, and head and a subdural hematoma [bleeding in the brain]. (Resident A). Findings include: The clinical record for Resident A was reviewed on 3/27/11 at 3:30 p.m. The diagnoses for Resident A included, but were not limited to: trochanter fracture, muscle weakness, and recent history of right hip replacement. The ER (Emergency Room)/hospital records, dated 3/11/12, indicated that Resident A presented to the ER with multiple bruises on multiple extremities, back, and head and a subdural hematoma. A hospital critical care progress note, dated 3/11/12, indicated a subarachnoid	F0323	**F323-483.25 (h) (The facility respectfully requests a face to face IDR) FREE OF ACCIDENT HAZARDS/SUPERVISION /DEVICES I. Resident A no longer resides at this facility. II. All residents at risk for falls have been identified and are provided with supervision to prevent an accident/fall including providing stand by assistance while toileting as assessed by therapy. III. The systemic change includes: All therapy recommendations for nursing are discussed at the daily (Monday through Friday) clinical meeting. All new orders are reviewed at this meeting, which includes therapy order changes and recommendations for nursing. In addition, any resident that is in therapy and has any changes in recommendations for nursing are discussed with the interdisciplinary team for directing the care plan and C.N.A. assignment sheets. Residents with changes in status are also discussed at this meeting for necessary reassessment and revision of**	04/29/2012

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	hemorrhage and right breast hematoma. A facility progress, dated 3/10/12 at 9:20 a.m., indicated "res (resident) [sic] being assisted up for am care, restorative care CNA attempting to get res up and res 'legs just buckled' [sic] res was lowered to the floor via CNA, with gait belt on, res was assesse [sic] and gotten up off the floor with assist of two [sic] res has no red [sic]open or irritated areas noted, all necessary parties notified, res has call light in reach" A facility progress note, dated 3/11/12 at 6:57 a.m., indicated an "aide came down the hall and notified nurse that there was a resident on the ground. When the nurse walked into the room, the resident was lying on the floor holding her head in pain. ROM (range of motion) on all extremities was good. Bruising on right forehead measures 6 cm (centimeter) x 6 cm. No bleeding. Doctor notified. Doctor said to send her out. POA and Pharmacy notified." In an interview with the DoN (Director of Nursing), on 3/29/12 at 12:00 p.m., she indicated stand by assistance is communicated with the staff per the A/B/C Wing Resident Information Sheet. In an interview with PT #2, on 3/29/12 at		**the plan of care. Revisions necessary for the plan of care and C.N.A. assignment sheets are made after completion of this meeting. Education will be provided to nursing staff and therapy regarding the systemic changes mentioned above. IV. The Unit Manager or designee will audit all care plans and C.N.A. assignment sheets regarding new orders for changes in therapy recommendations for nursing as well as for any changes in recommendation for nursing discussed at the clinical stand up meeting. This audit will occur daily (Monday through Friday). In addition, the Unit Manager or designee will make rounds daily, Monday through Friday, to review that fall interventions are in place and being followed. The weekend manager will also make rounds on Saturday and Sunday to monitor the same. Any concerns will be addressed. The results of the reviews will be discussed at the monthly facility Quality Assurance Committee meeting and frequency and duration of the results will be adjusted as needed. Addendum requested for F323:**The results of the reviews will be discussed at the monthly Quality Assurance Committee meetings for a total of	

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	12:20 p.m., she indicated while Resident #A was residing in the facility, she needed stand by assistance while on a bedside commode and this type of information is passed on to nursing in daily and weekly meetings. PT #2 also indicated that stand by assistance means within arm's length to provide immediate assistance, if needed. In an interview with OT #3, on 3/29/12 at 12:40 p.m., she indicated while Resident A was residing in the facility, she needed stand by assistance while on a toilet or bedside commode and this type of information is passed on to nursing in daily meetings and weekly meetings. OT #3 also indicated that stand by assistance means within arm's length to provide immediate assistance if needed. The OT (Occupational Therapy) -Therapist Progress Report and Discharge Summary, dated 3/09/12 , indicated, for "Current Level of Function for Self Care: Toileting-General," that Resident A is able to safely perform all toileting tasks utilizing grab bars and required CGA (contact guard assistance). In a interview with OT #3, on 3/29/12 at 1:20 p.m., OT #3 indicated on the Discharge Summary for Resident A, that Resident A still needed stand by		12 months. After 12 months, the Committee may determine whether to discontinue the audits if 100% compliance was achieved. **Complete date: April 29, 2012**	

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	assistance with grab bars while toileting, which also means CGA (contact guard assistance). OT #3 reiterated that stand by assistance means that staff is to be within arm's length, to provide assistance, if needed, immediately. The C Wing Resident Information Sheet, no date indicated, indicated Resident A was to be transferred and toileted with 1 assist. There was no further information on assisting resident while toileting to indicate that resident needed stand by assistance while on the toilet per OT and PT's recommendation. In an interview with CNA #1, on 3/29/12 at 3:40 p.m., she indicated she transferred Resident A to a bedside commode and went into bathroom to retrieve washcloths and to start the water to clean the resident up. While the water was running, she heard a bang and found resident on the floor, holding her head. CNA #1 indicated that the resident has been more confused recently and it was reported to her that the resident had an "assisted fall," the previous day. CNA #1 also indicated that she did not know that Resident #A was a stand by assist. In another interview with CNA #1, on 3/30/12 at 12:15 p.m., she reiterated that Resident A has become more confused			

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	within the recent days of the 3/11/12 fall. This federal tag relates to Compliant #IN00105408. 3.1-45(a)(2)			

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F0371 SS=F	483.35(i) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY The facility must - (1) Procure food from sources approved or considered satisfactory by Federal, State or local authorities; and (2) Store, prepare, distribute and serve food under sanitary conditions Based on observation, interview, and record review, the facility failed to provide a sanitary manner to serve food by not wearing hairnets while scooping and serving food from a steam table. This had to the potential to affect 8 of 71 skilled nursing residents that dined in the main dining room. The facility also failed to provide a sanitary manner to serve food by touching food with bare hands while serving food. This had the potential to affect 40 of 50 residents that dine in the A and B wing dining room. The facility also failed to provide appropriate testing strips to test the 3 compartment sanitizing sink and maintain the appropriate water temperature for sanitization in the 3 compartment sanitizing sink. This had the potential to affect 68 of 71 residents that solely utilize dining services provided by the kitchen. (Resident #32, #11, and #48) Findings include: 1. During an observation of dining	F0371	**F371-483.35 (i) FOOD PROCURE, STORE/PREPARE/SERVE-SANITARY I. Dietary Aid #4, 5, and 6 were offered education regarding utilizing hairnets when scooping and serving food from the steam table. The Dietary Manager was offered education regarding the use of the correct test strip with the solution for testing the 3 compartment sink. Housekeeping Supervisor #17 and C.N.A. #16 were offered education regarding not touching food with their bare hands during meal assistance. II. All dining services associates wear hair nets when scooping and serving food from the steam table to residents. All associates serve food without touching food with bare hands. Dietary staff are using the appropriate testing strips to test the 3 compartment sanitizing sink and maintain the appropriate water temperature for sanitization in the 3 compartment sanitizing sink.**	04/29/2012

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	services on 3/30/12 at 12:00 p.m., Dietary Aide #4, Dietary Aide #5, and Dietary Aide #6, were observed scooping and serving food from the steam table to residents without hairnets on throughout the whole meal service in the main dining room. In an interview with Dietary Aide #4, on 3/30/12 at 12:45 p.m., she indicated that they did not have to wear hairnets while scooping and serving food and they were told this about 8 months prior. On the Resident Census and Conditions of Residents , provided by the Administer on 3/26/12 at 4:30 p.m., it indicated that 3 residents of 71 had tube feedings. On a list, titled A/B wing, Shift Change Report Sheet, provided by the DoN (Director of Nursing) and Dietary Manager on 3/30/12 at 12:25 p.m., it indicated 40 of 50 residents, dined in A/B wing dining room. On a list, titled Resident Roster, provided by the DoN and Dietary Manager on 3/30/12 at 12:25 p.m.,it indicated 8 of 71 residents with MDR next to their name ate in the main dining room. In an interview with the Administrator, on 4/2/12 at 11:10 a.m., she indicated that		**III. The systemic change includes: · The correct test strip is now being utilized to measure the pH of the 3 sink compartment, and the log will be utilized to document the correct pH to ensure the correct level. · The Dietary Manager or designee will monitor serving at steam tables for compliance with use of hair nets. · Nursing Administration will monitor dining room service for compliance with not touching food with bare hands. Education will be provided to dietary staff regarding use of the correct test strip to measure the pH of the 3 sink compartment and use of the log to document the correct pH as well as use of hair nets when serving at any steam table. Education was provided to staff regarding not touching food with bare hands when assisting residents with meal service. IV. The Director of Dining Services or her designee will complete an audit 5 days / week to monitor for: hair nets are utilized, correct test strips are utilized and proper handling of foods are maintained accordingly to regulations. The daily audit will continue for 30 days and then will be completed 2 times a week for additional 60 days,**	

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	hairnets are not worn while scooping and serving food in the main dining room because it was related to resident's comments regarding dignity and the use of hairnets in the dining room. The Administrator was unable to provide further information regarding which residents said this and when. 2. Observation of the lunch time meal on 3/26/2012 at 12:00 p.m. indicated Dietary Assistant #5 scooped up food directly from the steam table with no hair net worn. The steam table was kept in a room labeled 'pantry' right off the main dining room. At 12:15 p.m., Dietary Assistant #4 scooped up vanilla ice cream with no hair net worn while serving out in main dining room. 3. During a kitchen observation with Dietary Manager (DM) on 3/30/12 at 9:45 a.m. pots and pans were being washed in a kitchen sink consisting of 3 compartments for wash, rinse and sanitizing. The DM measured the ph of		**then monthly thereafter. The reviews of the findings from the audits will be discussed at the monthly Quality Assurance Committee meeting and duration of the results will be adjusted as needed.** **Addendum requested for F371:The results of the reviews will be discussed at the monthly Quality Assurance Committee meetings for a total of 12 months. After 12 months, the Committee may determine whether to discontinue the audits if 100% compliance was achieved. Completion date: April 29, 2012**	

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	the sink section to have contained a sanitizing solution but the test strip remained clear instead of changing color to show the amount of ph. She indicated they had just started using the 1 gallon bottle of Quat-clean solution they had received on 3/4/12 and that the new strips they received on 3/25/12 were apparently not working with the solution (then observed to be half empty). The log for testing the ph of the sanitizing solution for the month of March was observed hanging on the wall indicating the ph of 200 for all days of the month. When she was asked how the ph levels could have been measured without the appropriate test strips she stated "the staff must have been questimating [sic] the ph levels written and posted on the wall." The temperature of the water in the 3 sinks was then taken measuring 95 degrees for the wash water and 104 degrees of the rinse and sanitizer compartments. At 1:00 p.m. on 3/30/12 an interview was conducted with the Administrator (ADM) of the facility who indicated she was not aware that the appropriate sanitizing strips were not being used in the sanitizing sink compartment until the DM brought it to her attention earlier in the day but that she was concerned about the falsification of			

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	the log and would make sure that it was corrected immediately. On 3/30/12 at 1:15 p.m. the facility policy and procedure for cleaning, sanitizing and dish handling was reviewed with the DM. The policy indicated that the sink 3 sanitizing sink should contain a chlorine bleach (50 ppm) or quat sanitizer (200 to 400 ppm) or a hot water temperature of 170 degrees. She also stated that she found appropriate strips that match the Quat-clean solution in storage and "staff was not using them when they filled the sink", but she would see that they used the correct strips in the future. 4. During a lunch observation of residents on 3/26/12 at 11:53 a.m. Housekeeping Supervisor #17 and CNA #16 were observed assisting residents. Housekeeping Supervisor #17 buttered bread with bare hands for Resident #32 and Resident #11. At this time Cook#18 was interviewed and identified CNA #16 who was also touching food with bare hands for Resident #48 and indicated that CNA #16 was new to the facility. The facility policy received on 4/2/12 at 10:00 a.m. indicates: "All Dietary employees will practice standard sanitary procedures. Procedure: All employees			

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	shall: 1. Wear hair restraints/nets and clean clothes... 9. Use utensils to handle food." 3.1-21(i)(3)			

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R0273	410 IAC 16.2-5-5.1(f) Food and Nutritional Services - Deficiency (f) All food preparation and serving areas (excluding areas in residents ' units) are maintained in accordance with state and local sanitation and safe food handling standards, including 410 IAC 7-24. Based on observation, interview, and record review, the facility failed to provide a sanitary manner to serve food by not wearing hairnets while scooping and serving food from a steam table. This had to the potential to affect 56 of 59 residential residents that dined in the main dining room. The facility also failed to provide appropriate testing strips to test the 3 compartment sanitizing sink and maintain the appropriate water temperature for sanitization in the 3 compartment sanitizing sink. This had the potential to affect 59 of 59 residents that utilized the dining facilities. Findings include: 1. During an observation of dining services on 3/30/12 at 12:00 p.m., Dietary Aide #4, Dietary Aide #5, and Dietary Aide #6, were observed scooping and serving food from the steam table to residents without hairnets on, throughout the whole meal service in the main dining room. In an interview with Dietary Aide #4, on	R0273	**R-273 410 IAC 16.2-5-5 (f)** **FOOD AND NUTRITIONAL SERVICES-DEFICIENCY** **I. Dietary Aid #4, 5, and 6 were offered education regarding utilizing hairnets when scooping and serving food from the steam table.** **The Dietary Manager was offered education during the survey regarding the use of the correct test strip with the solution for testing the 3 compartment sink.** **All dining services associates will wear hair nets when scooping and serving food from the steam table to residents.** **II. All dining services associates wear hair nets when scooping and serving food from the steam table to residents.** **Dietary staff are using the appropriate testing strips to test the 3 compartment sanitizing sink and maintain the appropriate water temperature for sanitization in the 3 compartment sanitizing sink.** **III. The systemic change includes:** **The correct test strip is now being utilized to measure the pH of the 3 sink compartment, and the log will**	04/29/2012

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	155196	A. BUILDING 00 B. WING	04/02/2012

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	3/30/12 at 12:45 p.m., she indicated that they did not have to wear hairnets while scooping and serving food and they were told this about 8 months prior. In a record review of a list titled, Resident Roster, received from the DoN (Director of Nursing) and Dietary Manager, on 3/30/12, at 2:45 p.m., it indicated that 56 of 59 residents with the word, always, next to their name, always dined in the main dining room. In an interview with the Administrator, on 4/2/12 at 11:15 a.m., she indicated that hairnets are not worn while serving food in the main dining room because it related to resident's comments regarding dignity and the use of hairnets in the dining room. The Administrator was unable to provide further information regarding which residents said this and when. 2. Observation of the lunch time meal on 3/26/2012 at 12:00 p.m. indicated Dietary Assistant #5 scooped up food directly from the steam table with no hair net worn. The steam table was kept in a room labeled 'pantry' right off the main dining room. At 12:15 p.m., Dietary Assistant #4 scooped up vanilla ice cream with no hair net worn while serving out in main dining		**be utilized to document the correct pH to ensure the correct level.** **IV. The Dietary Manager or designee will monitor serving at steam tables for compliance with use of hair nets.** **Nursing Administration will monitor dining room service for compliance with not touching food with bare hands.** **Education will be provided to dietary staff regarding use of the correct test strip to measure the pH of the 3 sink compartment and use of the log to document the correct pH as well as use of hair nets when serving at any steam table.** **Education was provided to staff regarding not touching food with bare hands when assisting residents with meal service.** **V. The Director of Dining Services or her designee will complete a daily audit 5 days / week to monitor for: hair nets are utilized, correct test strips are utilized to measure pH in 3 sink compartment, and proper handling of foods are maintained accordingly to regulations. The daily audit will continue for 30 days and then will be completed 2 day/ week for additional 60 days, then 1 day/week for a total of 12 months of auditing/monitoring.** **The reviews of the findings from the audits will be discussed at the monthly Quality Assurance Committee**	

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	room. 3. During a kitchen observation with Dietary Manager (DM) on 3/30/12 at 9:45 a.m. pots and pans were being washed in a kitchen sink consisting of 3 compartments for wash, rinse and sanitizing. The DM measured the ph of the sink section to have contained a sanitizing solution but the test strip remained clear instead of changing color to show the amount of ph. She indicated they had just started using the 1 gallon bottle of Quat-clean solution they had received on 3/4/12 and that the new strips they received on 3/25/12 were apparently not working with the solution (then observed to be half empty). The log for testing the ph of the sanitizing solution for the month of March was observed hanging on the wall indicating the ph of 200 for all days of the month. When she was asked how the ph levels could have been measured without the appropriate test strips she stated "the staff must have been questimating [sic] [sic] [sic] [sic] [sic] [sic] the ph levels written and posted on the wall." The temperature of the water in the 3 sinks was then taken measuring 95 degrees for the wash water and 104 degrees of the rinse and sanitizer compartments.		**meeting and duration of the results will be adjusted as needed.** **Completion date: April 29, 2012**	

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	At 1:00 p.m. on 3/30/12 an interview was conducted with the Administrator (ADM) of the facility who indicated she was not aware that the appropriate sanitizing strips were not being used in the sanitizing sink compartment until the DM brought it to her attention earlier in the day but that she was concerned about the falsification of the log and would make sure that it was corrected immediately. On 3/30/12 at 1:15 p.m. the facility policy and procedure for cleaning, sanitizing and dish handling was reviewed with the DM. The policy indicated that the sink 3 sanitizing sink should contain a chlorine bleach (50 ppm) or quat sanitizer (200 to 400 ppm) or a hot water temperature of 170 degrees. She also stated that she found appropriate strips that match the Quat-clean solution in storage and "staff was not using them when they filled the sink", but she would see that they used the correct strips in the future. The facility policy received on 4/2/12 at 10:00 a.m. indicates: "All Dietary employees will practice standard sanitary procedures. Procedure: All employees shall: 1. Wear hair restraints/nets and clean clothes... 9. Use utensils to handle food."			

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